

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>A. H.</i>	<i>12192</i>	<i>10/5/00</i>
O.I.P.E. CLASSIFIER		<i>48</i>	<i>10/10/00</i>
FORMALITY REVIEW	<i>C. Y. C.</i>	<i>IC 530</i>	<i>10-06-00</i>
RESPONSE FORMALITY REVIEW	<i>MB</i>	<i>903</i>	<i>12-30-00</i>

INDEX OF CLAIMS

BEST AVAILABLE COPY

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted                        O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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34	0
35	0
36	0
37	0
38	✓
39	0
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41	0
42	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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